



## CALIFORNIA BOARD OF PSYCHOLOGY SUPERVISION AGREEMENT FOR SUPERVISED PROFESSIONAL EXPERIENCE IN NON-MENTAL HEALTH

(PURSUANT TO SECTION 1387.3 OF TITLE 16 OF THE CALIFORNIA CODE OF REGULATIONS)

This agreement is to be completed by the undersigned primary supervisor and trainee and approved by the Board **prior to the commencement of the supervised professional experience (SPE). SPE accrued prior to the approval of the plan will not count toward licensure.** The primary supervisor agrees to maintain this agreement until the trainee completes the SPE and requests the primary supervisor to rate and verify the experience. (Optional: The Primary Supervisor and Co-Supervisor (if there is one) must submit a curriculum vita at the time that the plan is submitted to the board.)

**PRIMARY SUPERVISOR:** \_\_\_\_\_  
(Print or Type: First Name, Middle Initial and Last Name)

License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

**CO-SUPERVISOR:** \_\_\_\_\_  
(Print or Type: First Name, Middle Initial and Last Name)

License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

**DELEGATED SUPERVISOR(S):** \_\_\_\_\_  
Print or Type: First Name, Middle Initial and Last Name)

License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

**TRAINEE:** \_\_\_\_\_  
(Print or Type: First Name, Middle Initial and Last Name)

### INTRODUCTION

The above trainee will be delivering non-mental health services described below to the consumer public under one of the following categories under the California Business and Professions Code. (check appropriate category):

\_\_\_\_\_ Business and Professions Code (BPC) Section 2909(d) - Registered Psychologist  
 Registration Number (if applicable): \_\_\_\_\_

\_\_\_\_\_ BPC Section 2910 - employee of an "exempt" setting

\_\_\_\_\_ BPC Section 2911 - intern in a formal internship placement

\_\_\_\_\_ BPC Section 2913 - registered psychological assistant  
 Registration Number (if applicable): \_\_\_\_\_

**What is the start and anticipated completion dates of the above checked category:**

Start Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

**What are the specific duties the trainee will perform as they relate to the practice of psychology at the doctorate level? The plan must demonstrate appropriate preparation of the trainee to practice effectively in non-mental health services and within the specific non-mental health setting. The plan shall address how the quality of the work done by the trainee in a non-mental health role will be monitored and assure protection of the client. (Please use a separate page, if needed.)**

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The trainee will perform these services in the following location(s). Please include the address and telephone number:

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What professional title is the trainee being assigned in this setting?

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**IN ADDITION TO THE ABOVE PROVISIONS, THE FOLLOWING PROVISIONS OF THIS AGREEMENT ARE TO BE COMPLETED BY BOTH THE PRIMARY SUPERVISOR AND THE TRAINEE AND REVIEWED BY ALL SUPERVISORS:**

In any supervised professional experience, the primary supervisor assumes professional and ethical responsibility for the psychological functions performed by the trainee. The supervisor is also responsible for ensuring that the supervised professional experience meets all requirements set forth in section 1387.3 of Title 16 of the Code of Regulations and, in the case of registered psychological assistants, in section 1391 of Title 16 of the Code of Regulations.

The supervisor(s) and trainee agree as follows: (Please check yes or no as it is reviewed).

**SUPERVISION REQUIREMENTS:**

(California Code of Regulations, Title 16, Section 1387.3)

Yes   No

1.   ☐   ☐   A proposed supervisory agreement for those preparing for practice in non-mental health services will be developed and will describe the qualifications and responsibilities of the supervisor (and co-supervisor, if appropriate) in an agreement for supervision that is submitted by the trainee to the board for approval. The agreement will be reviewed on the basis of its appropriateness for preparation of the trainee to practice effectively within the specific non-mental health/clinical setting.
2.   ☐   ☐   The trainee will be provided with supervision for 10% of the total time worked each month.
3.   ☐   ☐   The trainee will be provided with at least 4 hours per month of face to face, direct, individual supervision. The remainder of the 10% may be provided by the delegated or co-supervisor and may include supervision via electronic means.
4.   ☐   ☐   A maximum of forty-four (44) hours per week, including the required 10% supervision will be credited toward meeting the supervised professional experience requirement.
5.   ☐   ☐   The trainee shall have no proprietary interest in the business of the primary, delegated or co-supervisor and shall not serve in any capacity which would hold influence over the primary or delegated supervisor(s)' judgement in providing supervision.
6.   ☐   ☐   Neither the primary supervisor nor any delegated supervisors will receive payment, monetary or otherwise, from the trainee for the purpose of providing supervision.
7.   ☐   ☐   The trainee will not function under any other license with the same client or in the same setting during the supervised experience.
8.   ☐   ☐   The supervisor(s) will maintain a clear and accurate record of trainee's supervision. This record may be in the form of the SPE log required to be maintained by the trainee pursuant to section 1387.5 of the Code of Regulations. The log should include information relevant to the co-supervisor.
9.   ☐   ☐   The individual agreement will address how the quality of work done by the trainee working in a non-mental health role will be monitored for quality and assures protection of the client.

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QUALIFICATIONS AND RESPONSIBILITIES OF PRIMARY SUPERVISORS (Licensed or Unlicensed):  
(California Code of Regulations, Title 16, Section 1387.3 (d))

THE PRIMARY SUPERVISOR:

Yes No

1.   \_\_\_   \_\_\_   Must have a doctorate in psychology from a regionally accredited or California approved academic institution
2.   \_\_\_   \_\_\_   If licensed, shall possess and maintain a valid, active license free of any formal disciplinary action, and will notify the trainee of any disciplinary action that affects his or her ability or qualifications to supervise.
3.   \_\_\_   \_\_\_   If not licensed, shall never have been denied or possessed a professional license for providing psychological or mental health services issued by any jurisdiction that was subject to discipline or surrendered with charges pending.
3.   \_\_\_   \_\_\_   Shall be employed or contracted by the same organization as the trainee.
4.   \_\_\_   \_\_\_   Shall be available to the trainee 100% of the time the trainee is accruing SPE. This availability may be in person or through telephone, beeper or other appropriate technologies.
5.   \_\_\_   \_\_\_   If licensed, shall complete a minimum of six hours of supervision coursework every two years as described in section 1387.1(b).
6.   \_\_\_   \_\_\_   Shall ensure that all parties will work together to ensure that the trainee will be engaged in doctoral level duties.
7.   \_\_\_   \_\_\_   Shall maintain ongoing communication between all parties regarding supervisory needs and experiences
8.   \_\_\_   \_\_\_   Shall ensure that all parties to the plan comply at all times with the provisions of the Psychology Licensing Law or the Medical Practice Act, whichever might apply, and the regulations adopted pursuant to these laws.
9.   \_\_\_   \_\_\_   Shall ensure that all SPE is conducted in compliance with the Ethical Principles and Code of Conduct of the American Psychological Association.
10.   \_\_\_   \_\_\_   Shall monitor the welfare of the trainee's clients.
11.   \_\_\_   \_\_\_   Shall inform each client of the trainee (typically the hiring executive such as the CEO or head of HR) prior to the rendering of services that the trainee is unlicensed and is functioning under the direction and supervision of the primary supervisor.
12.   \_\_\_   \_\_\_   Shall monitor the performance and professional development, including socialization into the practice of psychology, of the trainee.
13.   \_\_\_   \_\_\_   Shall ensure that he or she has the education, training, and experience in the area(s) of psychological practice supervised.
14.   \_\_\_   \_\_\_   Shall have or have had no familial, intimate, sexual, or social or professional relationship with the trainee which could compromise the supervisor's effectiveness, and/or would violate the Ethical Principles and Code of Conduct of the American Psychological Association.
15.   \_\_\_   \_\_\_   Shall not supervise a trainee who is now or ever has been a client of psychological services by the supervisor.
16.   \_\_\_   \_\_\_   Shall monitor the supervision performance of all delegated supervisors and co-supervisor.

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**PRIMARY SUPERVISOR'S SIGNATURE**

*I understand and accept this agreement, including, but not limited to my duties as a supervisor, and will ensure to the best of my abilities, that the trainee and all delegated supervisors will comply with the terms and conditions of this agreement. All the foregoing is true and correct.*

Name (Print or Type) \_\_\_\_\_

License #: \_\_\_\_\_

Signature \_\_\_\_\_

City and State \_\_\_\_\_

Date \_\_\_\_\_

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QUALIFICATIONS AND RESPONSIBILITIES OF DELEGATED SUPERVISORS (if applicable):  
(California Code of Regulations, Title 16, Section 1387.3 (e))

THE DELEGATED SUPERVISOR(S):

Yes No

1.                    Shall possess and maintain a valid, active license free of any formal disciplinary action, and will notify the trainee and primary supervisor of any disciplinary action that affects their ability to provide supervision.
  2.                    Shall be employed or contracted by the same organization as the trainee.
  3.                    Shall ensure that the trainee is in compliance at all times with the provisions of the Psychology Licensing Law, the licensing laws of the Board of Behavioral Sciences, or the Medical Practice Act, whichever might apply, and the regulations adopted pursuant to these laws.
  4.                    Shall ensure that all SPE conducted under the supervision delegated to them is conducted in compliance with the Ethical Principles and Code of Conduct of the American Psychological Association.
  5.                    Shall monitor the welfare of the trainee's clients while under their delegated supervision.
  6.                    Shall monitor the performance and professional development of the trainee and for reporting this performance and development to the primary supervisor.
  7.                    Shall ensure that they have the education, training, and experience in the area(s) of psychological practice to be supervised.
  8.                    Shall have or had had no familial, intimate, social, sexual or professional relationship with the trainee which could compromise the supervisor's effectiveness, and/or would violate the Ethical Principles and Code of Conduct of the American Psychological Association.
  9.                    Shall not supervise a trainee who is now or ever has been a psychotherapy client of the supervisor.
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**DELEGATED SUPERVISOR(S) SIGNATURE(S)**

*I understand and accept this agreement, including, but not limited to, my duties and responsibilities as a delegated supervisor and will ensure to the best of my abilities that the trainee and I will comply with the terms and conditions of this agreement. All the foregoing is true and correct.*

- Name (Print or Type) \_\_\_\_\_

Signature \_\_\_\_\_

City and State \_\_\_\_\_

Date \_\_\_\_\_

- Name (Print or Type) \_\_\_\_\_

Signature \_\_\_\_\_

City and State \_\_\_\_\_

Date \_\_\_\_\_

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**This section only applies when the primary supervisor is not licensed pursuant to section 1387.3 (f) of the California Code of Regulations.**

**QUALIFICATIONS AND RESPONSIBILITIES OF THE CO-SUPERVISOR:**  
(California Code of Regulations, Title 16, Section 1387.3(f))

Yes   No

1.   ☐   ☐   Shall possess and maintain a valid, active license issued by the Board free of any formal disciplinary action, and will notify the trainee and primary supervisor of any disciplinary action that affects his or her ability to supervise.
4.   ☐   ☐   Shall complete a minimum of six hours of supervision coursework every two years as described in section 1387.1(b).
5.   ☐   ☐   Shall monitor the performance and professional development of the trainee and for reporting this performance and development to the primary supervisor.
6.   ☐   ☐   Shall not supervise a trainee who is now or ever has been a former client of psychological services provided by the supervisor.
7.   ☐   ☐   Shall not exploit or engage in sexual relationships or any other sexual contact with trainee.
8.   ☐   ☐   Shall have or have had no familial, intimate, social, sexual or professional relationship with the trainee which could compromise the supervisor's effectiveness, and/or would violate the Ethical Principles and Code of Conduct of the American Psychological Association.
9.   ☐   ☐   Shall ensure that all parties will work together to ensure that the trainee will be engaged in doctoral level.
10. ☐   ☐   Shall maintain ongoing communication between all parties regarding supervisory needs and experiences.
11. ☐   ☐   Shall not supervise more than five trainees under any section at any given time.

**CO-SUPERVISOR'S SIGNATURE**

*I understand and accept this agreement, including, but not limited to my duties as a co-supervisor, and will ensure to the best of my abilities, that the trainee and primary supervisor will comply with the terms and conditions of this agreement. All the foregoing is true and correct.*

Name (Print or Type) \_\_\_\_\_

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

City and State \_\_\_\_\_

Date \_\_\_\_\_

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**TRAINEE'S SIGNATURE**

*I understand and will comply with the terms and conditions of this agreement. I will cooperate with my supervisor(s) to ensure that conditions of the supervision are fulfilled and will provide my supervisor(s) with all information necessary to supervise me on matters involving professional, ethical or legal concerns. All of the foregoing is true and correct.*

Name (Print or Type) \_\_\_\_\_

Signature \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_